

HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2002
OF THE CONDITION AND AFFAIRS OF THE

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		CIGNA HEAL	THCARE OF	MAINE	, INC.		
	0901 ent Period)				Employer's ID Number _	01-0418220	
Organized under the Laws of		,	, State	of Domicile or	Port of Entry	Maine	
Country of Domicile			United State		,		
Licensed as business type:	Life, Accide	nt & Health []	Property/Casualty [] Dental	Service Corporation []		
	Vision Service Corporation []			_	Health Maintenance Organization [X]		
	Hospital, Medical & Dental Service				Is HMO, Federally Qualified? Yes [X] No []		
Incorporated	03/01	1/1986	Commenced Busir	ness	04/01/19	37	
Statutory Home Office	2 Stonewood D				Freeport, ME 04032-0447		
•	(Street and Number)		er)		(City or Town, State and Zip Code)		
Main Administrative Office			2 Stonewood Drive (Street and Number)				
Freeport, ME 04032-044 (City or Town, State and Zip Cod			207-865-500 (Area Code) (Telephone				
Mail Address	900 Cottage Grove Road, B-228		,	Hardfard OT 00450 4000			
		nd Number or P.O. Box)	,		(City or Town, State and Zip Code		
Primary Location of Books and Records			2 Stonewood Drive (Street and Number)				
	ort, ME 04032-0447 Town, State and Zip Code)			960 996 5090			
Internet Website Address	Town, State and 2	Lip Code)		(Al	rea Code) (Telephone Number)		
Statement Contact		Michael Christopher Ti	inks		860-226-5029		
		(Na			(Area Code) (Telephone Number) (Extension) 860-226-6443		
IIIICIIa	ael.trinks@cigna.com (E-mail Address)			(FAX Number)			
Policyowner Relations Conta	act		P.O. Box 4	47 2 Stonewoo	od Drive		
Fre	eeport, ME 04	032	(Street and Number) 800-244				
	Town, State and Z			(Area Co	ode) (Telephone Number) (Extension)	
President Assistant Clerk		chard Marshall White aul Jeffrey Moreno	OFFICERS	/ice President	Karen Sue	Rohan	
		VI	CE PRESIDENT	ΓS			
Paul Bergsteinsson Stephen Chester Stachelek		Rich	Robert Cody Williams Richard Brainerd Salmon M.D., PhD.		Bach Mai Thi Thai Karen Sue Rohan		
Donald William Porter			David Mathew Porcello		Barry Richard McHale		
Carla Cirone Mangiafico Robert Paul Hockmuth M.D. #			David Charles Kopp John Patrick Frey		James Thomas Kohan Chuie Lan Yuen M.D.		
		DIDEO		07550			
Karen Sue Rohan			DIRECTORS OR TRUSTEES William Allen Schaffer M.D.		Chuie Lan \	Chuie Lan Yuen M.D.	
	10.10.1						
State of	`annosticut)					
State ofC	J	ss B	loomfield				
The officers of this reporting reporting period stated abov claims thereon, except as he or referred to is a full and tr period stated above, and of Statement Instructions and regulations require difference belief, respectively.	e, all of the he erein stated, a rue statement its income an Accounting Pr	erein described assets and that this statemen of all the assets and ad deductions therefro ractices and Procedur	s were the absolute propert, together with related eliabilities and of the common for the period ended, es manual except to the	perty of the sa exhibits, sched ndition and aff and have been e extent that:	aid reporting entity, free and dules and explanations there fairs of the said reporting en en completed in accordance (1) state law may differ; or	clear from any liens of ein contained, annexed tity as of the reporting with the NAIC Annua (2) that state rules of	
Carla Cirone Mangiafico Vice President			David Mathew Porcello Treasurer		Paul Jeffrey Moreno Assistant Clerk		
Subscribed and sworn to be day of		02					